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**THE LEAPFROG GROUP RELEASES 2008 HOSPITAL SURVEY
OFFERING CONSUMERS GREATER ASSURANCE OF SAFETY**

**First Ever Tool Helps Hospitals Assure That Their
Computerized Prescribing Systems Are Effective**

First Use of Efficiency Measures in a National Hospital Quality Survey

WASHINGTON DC – With the recently released 2008 Leapfrog Hospital Survey, The Leapfrog Group becomes the first health care quality organization to add a way for hospitals to be certain that their computerized medication prescribing systems are actually catching common, serious errors.

Each year more than one million serious medication errors occur in US hospitals; many are life threatening. Leapfrog tracks which hospitals employ computerized physician order entry systems (CPOE) to try to catch potential mistakes before they happen, and their effectiveness.

"The Survey's new test of hospital prescribing systems is one of the Survey's most important patient safety innovations," said Leah Binder, chief executive officer of The Leapfrog Group. "When we tested this simulation tool with several hospitals, they were amazed to discover that it revealed major gaps in their systems. Using the evaluation tool in the Survey process will save lives."

The Leapfrog Hospital Survey has been gauging the quality of US hospitals since 2001. Each year, over 1,300 hospitals participate. Results are used by regional business coalitions in 37 major US markets to make purchasing decisions. They are also freely available to the public at www.leapfroggroup.org.

"The Leapfrog Hospital Survey reflects what is most important to the largest purchasers of health care in the US – that our enrollees and their dependents receive high-quality health care and that quality information is transparent," said Shelly Hoffmann, Director of Health Care Plans, General Motors (a Leapfrog member). "The Survey continues to raise the bar on quality for hospitals and pushes the envelope on value-based health care."

Developed in partnership with First Consulting Group and the Institute for Safe Medication Practices, Leapfrog's CPOE Evaluation Tool enables hospitals to determine how well their system alerts users to common, serious prescribing errors. The 2008 Survey requires hospitals to test their CPOE system in order to obtain the Survey's highest CPOE rating.

Also for the first time on a national hospital quality survey, measures have been added to evaluate how efficiently hospitals use resources for several procedures and conditions. These risk-adjusted efficiency measures rate how well hospitals use resources for coronary artery bypass graft (CABG), percutaneous coronary interventions (PCI) such as angioplasty, acute myocardial infarction (AMI), and pneumonia.

The inclusion of AMI and pneumonia (both common, acute conditions that represent a large outlay of health care expenditures for private health care plans) is new to this year's Survey. Other additions to the Survey are pressure ulcers and "injuries occurring during the stay" – two hospital-acquired conditions on the list of conditions for which the Centers for Medicare & Medicaid Services (CMS) has said it will no longer pay.

"Purchasers and consumers are interested in quality, but also in value and how efficiently care is delivered," said Binder. "It is this mix of good quality and good efficiency that will ultimately help lower skyrocketing costs while giving Americans the top quality care they deserve."

"Measuring hospital performance is complex. There are as many critics as advocates," said Binder. "But Leapfrog is continually improving its Survey to reflect state of the art performance-based quality and patient safety measures, as well as the needs of purchasers and consumers."

"We solicit and weigh carefully both positive and critical feedback from hospitals each year to enhance the Survey as a tool for helping providers, patients and families understand what fuels the engine of safer care," added Binder.

Among other changes to the 2008 Survey:

- The Leapfrog Survival Predictor – a new composite measure that forecasts a patient's odds of dying at a particular hospital from certain high-risk surgeries;
- Extending the ICU staffing measure to neuro-ICU's;
- Questions related to surgeon volume have been dropped, except for bariatric surgery;
- Reducing from 30 to 13 the number of Safe Practices evaluated in order to focus on those that have the strongest evidence, are auditable, and are not measured in another way in a different section of the Survey.

The Leapfrog Hospital Survey is divided into four areas or "Leaps" of hospital quality and safety practices:

- Computer physician order entry;
- High-risk treatments (coronary artery bypass graft, percutaneous coronary, intervention, abdominal aortic aneurysm repair, aortic valve replacement, pancreatic resection, esophagectomy, bariatric surgery);
- Intensive care unit (ICU) staffing by physicians experienced in critical care medicine;
- Leapfrog Safe Practices (e.g. leadership, creating and sustaining a culture of safety, improving information transfer, medication management, hospital- associated infections, and care processes).

Hospitals complete the self-administered Survey beginning in April; individual results begin to be posted on The Leapfrog Group Web site in July. Aggregated and analyzed results are published in the fall, along with the annual Leapfrog Top Hospitals list.

The Leapfrog Group

On behalf of the millions of Americans for whom many of the nation's largest corporations and public agencies buy health benefits, The Leapfrog Group (www.leapfroggroup.org) aims to use its members' collective leverage to initiate breakthrough improvements in the safety, quality, and affordability of health care. Leapfrog is a leading actor in the national movement to advance value in health care. Founded in November 2000 by the Business Roundtable, Leapfrog secures its support from major corporations, business coalitions and public agencies that purchase health care benefits, as well as from products and services that support value-based purchasing.

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